

Telephone: (860) 713-6065  
WebSite: [www.state.ct.us/dcp/](http://www.state.ct.us/dcp/)

As required by the provisions of Chapter 420b of the Connecticut General Statutes, application is hereby made to the Connecticut State Department of Consumer Protection for a license to function within the State of Connecticut as a laboratory for the purpose of research, instruction or analysis using controlled substances.

➡ Return completed application and fee to:  
Department of Consumer Protection  
License Services  
165 Capitol Avenue  
Hartford CT 06106

**Fee Due: \$ 40.00**

Make check or money order payable to: "Treasurer, State of Connecticut"

Name of Company, Firm, Corporation under which function is performed				
Street Address		City		State
Zip Code				
Telephone Number (with area code)		FEIN Number		Email Address
Name and Title of Designee for Laboratory (Name to Appear on License)				
Names of Members of Company, Firm, Corporation , Titles and Addresses: (Attach list if needed)				
Name(s), address(es) and telephone number(s) of person(s) handling drugs:				
Has any person handling drugs been convicted of a violation of any law of the United States or of any state relating to a controlled drug within 5 years of date of this application?      Yes      No <i>If yes, give details on an attached sheet.</i>				
<b>Type of Laboratory:</b> (Check one (1) only) <div style="display: flex; justify-content: space-around;"> <span>Instruction</span> <span>Research</span> <span>Analysis</span> <span>Other _____ (Specify)</span> </div> Explain the laboratory function briefly:				
<b>Types of Drugs to be Handled:</b> Controlled Substances: <div style="display: flex; justify-content: space-around;"> <span><i>Schedule I</i> (Research )</span> <span>Schedule II</span> <span>Schedule III</span> <span>Schedule IV</span> <span>Schedule V</span> </div>				
Names of Controlled Substances to be used:				
Briefly describe how Controlled Substances are to be used:				
Is the laboratory part of an experimental drug research program?				
Where applicable give: <u>Federal</u> FDA Registration # _____ <u>State</u> Any Previous Connecticut Consumer Protection Federal Controlled Substance Registration # _____      Laboratory License # _____				

**I certify that the information contained in this application is the truth to the best of my knowledge.**

**Signature of Applicant** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date** \_\_\_\_\_